



**TRAUMATIC BRAIN INJURY (TBI) RESIDENTIAL HOME
APPLICATION FOR RENEWAL LICENSURE**

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://tennessee.gov/health/topic/hcf-professionals>. Please check this website periodically for updates.

Name of the TBI Residential Home Facility _____

Location of the TBI Residential Home Facility:

Street _____ City _____

County _____ State _____ Zip _____

Phone Number (____) _____ Fax Number (____) _____

Twenty-four (24) Hour Emergency Phone Number (____) _____

E-Mail Address _____

Mailing address (if different from the TBI Residential Home Facility location address):

Name _____

Street _____

City _____ State _____ Zip _____

Number of Residents _____ How many residents by blood/marriage are related to the provider? _____

TBI Residential Home Provider:

Name of Provider _____

Residential Manager(s):

Manager _____ Substitute Caregiver (if applicable) _____

a. Have you (Manager) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes _____ No _____

If yes, what charge(s)? _____

Location of Conviction _____ Date _____
(City) (County) (State)

b. To what extent will the resident manager, substitute caregivers and other staff be used in the facility?

c. Has a policy of informing employees of their obligations to report incidents of abuse or neglect been implemented?
Yes _____ No _____

Division of Health Licensure and Regulations, Office of Health Care Facilities, 665 Mainstream Drive, Second Floor, Nashville, TN 37228-1254

